Survey Week:			
•	MO/DAV/VD	TUDII	MO/DAV/VD

Average Vehicle Ridership Survey Form Employee Information

Name:							
Employee I.D.#:		Dept./Section:					
Phone Ext.:		Home Zip Code:		Miles to Worksite (one way):			
Signature:					Date:		
	Scheduled	Mon	Tue	Wed	Th	Fri	
Mode	Report Time	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	(circle am or pm as applicable)
A. Drive Alone							applicacie)
B. Motorcycle							
C. 2 persons in veh	nicle						
D. 3 persons in veh	nicle						
E. 4 persons in veh	nicle						
F. 5 persons in vel	hicle						
G. 6 persons in vel	nicle						
H. 7 persons in veh							
 8 persons in vel 	hicle						
J. 9 persons in vel							
K. 10 persons in ve	ehicle						
L. 11 persons in ve							
M. 12 persons in ve							
N. 13 persons in ve							
O. 14 persons in ve							
P. 15 persons in ve	ehicle						
Q. Bus							
R. Rail/plane							
S. Walk							
T. Bicycle							
	(or other Zero Emission veh.)						
	eduction of more than 50% of trip)						
W. Noncommuting							
Compressed Wo	ork Week Day(s) Off						
X. 3/36 work week	days off (2 days)						
Y. 4/40 work week	day off (1 day)						
Z. 9/80 work week	day off (1 day)						
Other Days Off							
AA. Vacation							
BB. Sick							
CC. Other							